## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
House Majority PAC	C C00495028
	G 600433020
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y H Y H Y H Y
Full Name of Payee MAP Political Communications	Date of Public Distribution/Dissemination
	04 / 03 / 2014
Mailing Address 2400 S 4th St	Amount
City State Zip Code	500.00
Austin TX 78704-5306	Transaction ID: VN7GD9RWZ71 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Costs - Estimate  Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 06
Michael Coffman Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rrsement For:
Full Name of Payee Shorr Johnson Magnus	Date of Public Distribution/Dissemination
Mailing Address 1831 Chestnut St	04 03 2014
FI 6	Amount
City State Zip Code	9000.00
Philadelphia PA 19103-3713	Transaction ID : VN7GD9RWPW6 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Costs - Estimate  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: X House District: 06
Michael Coffman Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought  Disbrace 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	9500.00
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures.	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Bato	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	